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APR 29 2005

## FACSIMILE COVER SHEET

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 13

☐ Original documents to follow by mail

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DATE: April 29, 2005

TO: Examiner Danh C. Le  
Group Art Unit 2683

FAX #: 1-703-872-9306

PHONE #:

Application No.: 10/029,230  
Applicant: Jensen  
Due Date: February 28, 2005

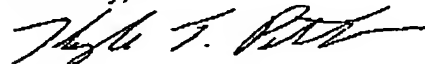
OUR REF.: 2295.01US03

FROM: Kyle T. Peterson  
PHONE #: 612-252-1554

Attached please find the following document for filing in the above-identified patent application:

1. Amdment Transmittal (2 pgs)
2. Amendment in response to the Office Action dated November 30, 2005 ( 9 pgs)
3. Request for a two (2) months Extension (1 pg)

Sincerely,




Kyle T. Peterson  
Reg. 46,989

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## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to Examiner Danh C. Le at the U.S. Patent and Trademark Office, Fax No. 1-703-872-9306 on the date shown below thereby constituting filing of same.

  
Date

April 29, 2005  
Kyle T. Peterson

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APR 29 2005

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Attorney Docket No. 2295.01US03

## AMENDMENT TRANSMITTAL

In re the application of:

Jensen

Confirmation No.: 4123

Application No.: 10/029,230

Examiner: Danh C. Le

Filed: December 21, 2001

Group Art Unit: 2683

For: SYSTEM FOR DIRECT COMMUNICATIONS WITH A SPACE CRAFT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith please find the following for the above-identified application.

- ☒ Amendment ( 9 pgs.)  
☒ Petition for Extension of Period for Response.  
☐ \_\_\_\_\_

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	18	- 20	= 0	x 25	\$25.00		x 50	\$
Indep.	5	- 4	= 1	x 100	\$100.00		x 200	\$
Mult. Dep.			=	+ 180	\$		+ 360	\$
TOTAL					\$100.00	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim [MDC]

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 10/019,230

- [X] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- [X] The Commissioner is hereby authorized to charge Deposit Account 16-0631 for the fee of \$100.00 under C.F.R. § 1.16 for presentation of one (1) extra independent claim, and any underpayments, overpayments or additionally required fees..

Respectfully submitted,



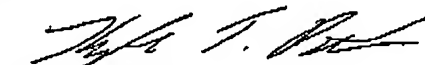
Kyle T. Peterson  
Registration No. 46,989

*Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.*

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April 27, 2005  
Date

  
Kyle T. Peterson